

**GAITHERSBURG UPCOUNTY
SENIOR CENTER
REGISTRATION AND EMERGENCY
FORM**



www.gaithersburgmd.gov

To register for the Gaithersburg Upcounty Senior Center, please complete the form below and return it to 80-A Bureau Drive, Gaithersburg, MD 20878. Please enclose **\$24** registration fee. **Make checks payable to the "City of Gaithersburg"**

For Office Use Only:

July 1, 2005 – June 30, 2006

☐ Check Number _____
☐ Cash ☐ Charge
☐ Receipt # _____

☐ New Member
☐ Renewal
☐ Picture Taken
☐ Card mailed _____

Please complete the information below *(please print clearly)*

☐ Check here if new address/name/phone number since last time registered.

E-mail address: _____

Name: _____ **M** _____ **F** _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone No: _____ - _____ **Date of Birth:** _____

IN CASE OF ACCIDENT, ILLNESS OR EMERGENCY SITUATION, THE FOLLOWING PERSONS SHOULD BE CONTACTED:

Family/Friend

Name: _____

Address: _____

Relationship: _____ Phone No: _____

Personal Physician

Name: _____

Address: _____

Phone No: _____

I ASSUME RESPONSIBILITY FOR UPDATING THE ABOVE REQUESTED INFORMATION

I, the undersigned, understand and agree that in registering for activities at this Senior Center:

- (1) The personnel of the Center will not administer, nor assist in administering, any medications or medically related therapy.
- (2) The City and its employees and agents will not be liable for any injuries or damages to persons or property sustained by the undersigned in activities provided by the Senior Center. The participant also consents to the City's use of any photographs taken or videotapes made of program participants.
- (3) The City reserves the right to rescind the membership of individuals incapable of complying with Senior Center policies due to medical conditions beyond the individual's control as observed by the Center Staff.
- (4) The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Please indicate what accommodations are needed and allow an appropriate period of time for arrangements to be made.

How did you hear about us? _____

Please complete (optional)

☐ Yes ☐ No I would like to be included in our "Happy Birthday" column in the monthly newsletter

What skills would you like to share/volunteer?

☐ Receptionist ☐ Instructor (specify what topics) _____

Date _____ **Signature** _____